

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

College of Design
Request for Withdrawal from an International Program

Program: _____

Semester (*circle one*): Spring Summer Fall Year: _____

Personal and Academic Information

Name: _____

ISU ID #: _____ E-mail address: _____

Permanent address: _____ Tel: _____

_____ Cell: _____

Reason for Withdrawal

- Financial Constraints Medical Withdrawal* Academic Warning/Probation
 Other, please explain: _____

*Medical withdrawal requires written verification from a physician including diagnosis and dates of treatment, which should be attached to this form.

Additional Information

I understand that by withdrawing from this international program, I will be subject to financial penalties that will be posted on my U-bill as outlined at ISUAbroad, including all program payments the college is obligated to make on my behalf. I understand that if I am withdrawing close to or after the commencement of the international program, courses available to me for the semester may be limited or I may not be able to enroll in classes. I understand that if I am withdrawing for medical reasons, I am still responsible for all program payments the college is obligated to make on my behalf.

Student signature

Date

International Programs Coordinator signature

Effective Date of Withdrawal

Please return this form to the International Programs Coordinator.